

Site Accreditation Report – Northeastern Mental Health Center

Completed: April 24-26, 2018

Levels of Care Reviewed:

Substance Use Disorder (SUD) Services

Outpatient Services

Mental Health (MH) Services

Outpatient Services

Child and Youth or Family Services (CYF)

Comprehensive Assistance with Recovery and Empowerment Services (CARE)

Individualized Mobile Programs of Assertive Community Treatment (IMPACT)

Review Process: Northeastern Mental Health Center (NEMHC) was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

Administrative Review Score: 97.3%

Combined Client Chart Review Score: 89.9%

Cumulative Score: 90.3%

ADMINISTRATIVE REVIEW SUMMARY

Strengths:

The agency provides a wide variety of mental health and substance use disorder treatment services. The agency has a strong leadership team. The commitment to quality assurance is evident from the top down at the agency. Supervision provided to the staff is done in a manner that models this commitment to quality assurance. Staff provided positive feedback regarding their leadership team's commitment to meeting clients where they are at as well as encourages staff to propose ideas on how the agency can expand their services. The agency has built many partnerships with other entities and agencies in the communities served.

Recommendations: None

Plan of Correction:

1. The contract attachment requires agencies to publicize priority services for pregnant women, women with dependent children and IV users for substance use disorder services. The prioritized service needs to be documented. The contract attachment also requires a policy for Limited

English Proficient (LEP). Both of these policies will need to be put in place as it was not in the policy and procedure manual. Please reference your contract attachment 1.

CLIENT CHART REVIEW SUMMARY

Strengths:

The clients interviewed shared positive feedback regarding the services they received by the agency. The agency's treatment plans were well organized and easy to follow. The progress notes were easy to follow, individualized, and give great detail on what is going on with the client. NEMHC facility encompasses SUD, mental health, and medical services at one facility and each area of service has their own separate waiting area which helps ensure client confidentiality.

Recommendations:

1. According to ARSD 67:61:07:08 and 67:62:08:12, the progress notes for each billable service needs to contain:
 - i. The date, location, time met, units of service of the counseling session, and the duration of the session;

In review of the progress notes, notes were missing the duration of the session, add this to the progress notes to ensure full compliance with the rules.

Plan of Correction:

1. In review of the client's integrated assessment, in the mental health charts, at least one or more assessments were not completed within 30 days of intake. In addition to the time frame there were one or more assessments missing the following requirements in ARSD 67:62:08:05:
 - Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization
 - Educational history and needs
 - Legal issues;
 - Living environment or housing;
 - Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal;
 - Past or current indications of trauma or domestic violence or both if applicable;
 - Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present;

The agency should ensure all required elements are addressed when assessments are completed even when one or more topic is not applicable to a particular client, so it is clear that all elements were assessed. The agency also needs to ensure the assessments are completed within 30 days of intake.

2. According to ARSD 67:62:08:07 and 67:61:07:06; mental health and SUD outpatient treatment plans shall be completed within 30 days of intake. In review of the mental health charts:

outpatient, CYF, CARE, and IMPACT charts there were fifteen treatment plans that were not completed within the required timeframe. In review of the SUD outpatient charts there were seven treatment plans that were not completed within the required timeframe. Ensure that all treatment plans are completed within 30 days of intake.

3. According to ARSD 67:62:08:08, treatment plans shall be reviewed in at least 6 month intervals and updated as needed. In addition to the timeframes, the mental health outpatient, CYF, CARE, and IMPACT charts; twenty-two charts were missing in one or more of the following items:
 - Treatment plan review contains a written review of any progress made or significant changes to goals or objectives;
 - Justification for continued need for mental health services is documented;
 - Staff signature, credentials, and date of review documented.

The agency should ensure all the above required elements and the accurate timeframes are addressed to be in full compliance with the rule.

4. According to ARSD 67:62:08:09, clinical supervisors shall conduct one treatment plan review at least annually. In review of mental health outpatient, CYF, CARE, and IMPACT charts; eight charts were either missing a supervisory review or did not have this completed annually. Ensure that treatment plan reviews are completed annually on mental health charts.
5. According to 67:62:08:14 and 67:61:07:10; transfer or discharge summaries must be completed upon termination or discontinuation of services within five working days. In review of the SUD and mental health charts twelve charts did not have a discharge summary completed within the appropriate timeframes. Ensure discharge or transfer summaries are completed within five working days to be in compliance with this rule.
6. In review of IMPACT charts, the charts were missing progress notes indicating a minimum of 16 contacts per month with IMPACT team members which is required according to ARSD 67:62:13:02. Ensure the correct number of contacts was made each month by documenting the contacts in progress notes.